

ORIGINAL

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

Nicholas Wilkins 0631027
Plaintiff's name and ID number

Tarrant County Jail
Place of Confinement

Case No. 4-13CV-662-
(Clerk will assign the number)

v.

Greg ABBOTT
Capital Station P.O. Box 12428 AUSTIN
TX 78711
Defendant's name and address
Dee ANDERSON
200 Taylor ST. FT. WORTH, TX 76102
Defendant's name and address
CPT. PIRKINGTON
100 N. Lamar ST FT. WORTH, TX 76102
Defendant
(DO NOT USE "ET AL.")

U.S. DISTRICT COURT NORTHERN DISTRICT OF TEXAS FILED AUG 15 2013 CLERK, U.S. DISTRICT COURT By _____ Deputy
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W: 21 am

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate District Court, the Division and an address list of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of \$350.00.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire \$350 filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motion (s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuits in state or federal court relating to your imprisonment? ___YES XNO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____
2. Parties to previous lawsuit:
Plaintiff(s) _____
Defendant(s) _____
3. Court: (If federal, name the district; if state, name the county.) _____
4. Docket Number: _____
5. Name of judge to whom case was assigned: _____
6. Disposition: (Was the case dismissed, appealed, still pending?) _____
7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: Tarrant County Jail

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? X YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: Nicholas Wilkins 0631027

C/O Tarrant County Jail, 100 N. Lamar St.
FORT WORTH, TX 76102

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Greg ABBOTT Capital Station
P.O. BOX 12428 AUSTIN, TX 78711

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you. Lack of supervision over TCD

Defendant #2: Dee ANDERSON
300 Taylor ST FT. WORTH, TX. 76102

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Lack of supervision over MHMR

Defendant #3: Captain Pilkington
100 N. Lamar ST, FT. WORTH, TX 76102

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Ignored or lack of response to grievance and request

Defendant #4: J.P.S. Administrator
1500 S. Main ST FT WORTH, TX 76104

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Lack of supervision or lack of or denial of MHMR

Defendant #5: Tarrant County Jail Medical Director
100 N. Lamar ST FT WORTH TX 76102

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Ignored Medical Requests, lack of or denial of MHMR

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

I came here from Snohomish County Jail Everett, WA. WITH PROOF OF MY MEDICAL/MHMR HISTORY.

AS WELL AS AN UP TO DATE LIST OF ALL MY MEDICATION FOR MY MHMR NEEDS. I've BEEN HERE IN TARRANT COUNTY JAIL FROM 5/6/13 I've SENT MULTIPLE REQUEST TO MHMR AND HAVE HAD NO RESPONSE. I'm a DISABLED war time vet ~~W~~ WITH SEVERE NIGHTMARES, PANIC ATTACKS & PTSD. I HAVE SENT GRIEVANCE ABOUT THIS TO TARRANT MHMR, J.P.S., CPT PILKINGTON AND DEE ANDERSON, TO STILL HAVE NO ACTION TAKEN. NOT ONLY IS THIS A VIOLATION OF MY RIGHTS IT ALSO PUTS MYSELF AND OTHERS AT RISK.

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I WOULD LIKE FEES, FINES, RESTITUTION TO THE COURT, AND FILING FEES, PUNITIVE DAMAGES FOR NOT OBEYING THE LAW IN THE FORM OF AMMUNITION REWARDS

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

Nicholas Williams

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if known to you.

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES ~~+~~ NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division):

2. Case Number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied?

YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? _____ YES ☒ NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): _____

2. Case Number: _____

3. Approximate date warnings were imposed: _____

Executed on: 8/12/13
DATE

Nicholas Wilkins
[Signature]
(Signature of plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assessed by the Court, which shall be deducted in accordance with the law from my inmate account by my custodian until the filing fee is paid.

Signed this ^{NPW} 8/12/13 12 day of 8, 2013.
(Day) (month) (year)

Nicholas Wilkins
[Signature]
(Signature of plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limited to monetary sanctions and/or the dismissal of this action with prejudice.

Tarrant County Sheriff's Office

Grievance Response Form

G141113	7/12/2013	HARMON	8/5/2013	23. MHMR REQUEST TO SEE / NOT BEING
<i>Number</i>	<i>Received Date</i>	<i>Assigned To</i>	<i>Close Date</i>	<i>Classification</i>
40-B	WILKINS, NICHOLAS PATRICK		0631027	
<i>Housing</i>	<i>Name</i>		<i>CID</i>	

Grievance Response Summary

MR. WILKINS, YOUR COMPLAINT IN REFERENCE YOUR MHMR CONCERN WAS FORWARDED FOR INVESTIGATION. RECORDS INDICATE YOU ARE BEING PROVIDED ACCESS TO MHMR SERVICES.

"You are hereby notified that upon receiving this written reply to your grievance, you shall have thirty(30) days to appeal in writing, the action taken to the Inmate Grievance Appeal Board."

"Grievance procedures are described in the Inmate Handbook."

Tarrant County Sheriff's Office

Grievance Response Form

G141113	7/12/2013	HARMON		23. MHMR REQUEST TO SEE / NOT BEING
<i>Number</i>	<i>Received Date</i>	<i>Assigned To</i>	<i>Close Date</i>	<i>Classification</i>
40-B	WILKINS, NICHOLAS PATRICK			0631027
<i>Housing</i>	<i>Name</i>			<i>CID</i>

Grievance Response Summary

YOUR GRIEVANCE HAS BEEN RECEIVED IN OUR OFFICE AND WAS FORWARDED TO THE APPROPRIATE DIVISION FOR INVESTIGATION, AND YOU WILL RECEIVE A RESPONSE WITHIN 60 DAYS.

"You are hereby notified that upon receiving this written reply to your grievance, you shall have thirty(30) days to appeal in writing, the action taken to the Inmate Grievance Appeal Board."

"Grievance procedures are described in the Inmate Handbook."

TARRANT COUNTY JAIL INMATE GRIEVANCE FORM

File Nbr. 0141113

Press hard when writing

Name Nicholas Wilkins CID No. 0631027Housing Assignment 40801 Date 7/11/13Is this an "American with Disabilities Act (ADA) Complaint?" Yes ☒ No ☐

State your problem as briefly as possible. Place in a "Grievance Envelope", seal and submit to Housing Officer. Keep pink (last) copy for your records.

I was wrongly DENIED proper medical care thru MHMR

THIS is a grievance concerning my constitutional right as a disabled person to have meaningful access to evaluation of my mental health disability by lack of access to MHMR here in Tarrant County Jail. Denial or interference to such access to MHMR violates liberty interests rights protected by the 14th Amendment due process clause of the U.S. Constitution. Grievance requests JPS Administrative Supervisor for administrative remedy by closer supervision of JPS Administrative Supervisor or by Sheriff Anderson to prevent discrimination by his MHMR in denial of constitutional protected access to MHMR for disabled U.S. Veterans and indigent prisoners.

GRIEVANCE OFFICE USE ONLY*****DO NOT WRITE BELOW THIS LINE

Grievance Officer [Signature] Date 7/11/13 Code 100Referred to [Signature] Date 7/11/13 Time 10:00Response by [Signature] Date 7/11/13 Time 10:00

GRIEVANCE SUMMARY RESPONSE

White Copy To File

Canary Copy To Inmate (Grievance Response)

Pink Copy For Inmate Retention

NICHOLAS WILKINS 0631027
c/o FARRAR COUNTY Jail
100 N. Lamar St.
FT. WORTH, TX 76102

U.S. DISTRICT COURT
OFFICE OF THE CLERK
N.W. DISTRICT OF TEXAS
501 W. TENTH ST. RM. 310
FT. WORTH, TX 76102

RECEIVED
U.S. DISTRICT COURT
NORTH TEXAS
FEB 14 2013

